

1290

**REVISED UNITED STATES STANDARD
CERTIFICATE OF DEATH**

(Approved by U.S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil Engineer, etc. But in many cases, especially

CIDAM, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Arts File

BUREAU OF VITAL STATISTICS			ARIZONA STATE BOARD OF HEALTH			STANDARD CERTIFICATE OF DEATH		
1. PLACE OF DEATH								
County <u>Marietta</u> District or Township <u>B. Chandler</u>			State <u>Arizona</u>			State File No. <u>68</u>		
City <u></u>			No. <u></u>			Registered No. <u></u>		
						or		
2. FULL NAME			<u>Green Henry Shackleford</u>			St. <u></u> Ward <u></u>		
(a) Residence, No. <u></u> (Usual place of abode)						Ward. <u></u> (If non-resident, give city or town and State)		
Length of residence in city or town where death occurred <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.						How long in U. S. if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.		
PERSONAL AND STATISTICAL PARTICULARS								
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)						
6. If married, widowed, or divorced HUSBAND of <u>Rebecca Shackleford</u> (or) WIFE of <u></u>								
7. DATE OF BIRTH (month, day and year) <u>Mar. 17 1879</u>								
7. AGE <u>48</u>	Years <u>4</u>	Months <u>0</u>	Days <u>28</u>	IF LESS than 1 day <u>0</u>	hrs. <u>0</u>	min. <u>0</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer								
9. BIRTHPLACE (city or town) (State or country) <u>Holiday Inn</u>								
10. NAME OF FATHER <u>John Key Shackleford</u>								
11. BIRTHPLACE OF FATHER <u>Key</u> (State or country)								
12. MAIDEN NAME OF MOTHER <u>Jane Nichols</u>								
13. BIRTHPLACE OF MOTHER <u>Not Known</u> (State or country)								
14. Informant <u>W C Shackleford</u> (Address) <u>B. Chandler Ariz</u>								
15. Filed <u>9-9-1977</u> Jas. M. Mission Registrar								
MEDICAL CERTIFICATE OF DEATH								
16. DATE OF DEATH <u>Aug 9 1927</u>								
Month <u>Aug</u> Day <u>9</u> Year <u>1927</u>								
17. I HEREBY CERTIFY, That I attended deceased from <u>Aug 6 to Aug 9 1927</u> that I last saw him alive on <u>Aug 7 1927</u>								
and that death occurred, on the date stated above, at <u>12:30 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Tuberculosis</u>								
18. Where deceased contracted disease <u>Not at place of death?</u> Did an operation precede death? <u>No</u> Date of <u></u>								
Was there an autopsy? <u>No</u> <u>6 times</u> What test confirmed diagnosis?								
(Signed) <u>Jas. M. Mission</u> , M.D. Aug 9 1927 (Address) <u>B. Chandler</u>								
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)								
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mess Cemetery</u>			DATE OF BURIAL <u>Aug 10 1927</u>					
20. UNDERTAKER <u>W. J. Gibbons</u>			ADDRESS <u>Mess Aug</u>					